

DELAWARE BOARD OF SPEECH/LANGUAGE PATHOLOGISTS, AUDIOLOGISTS, AND HEARING AID DISPENSERS

861 Silver Lake Boulevard, Cannon Building, Suite 203, Dover, DE 19904

CONTINUING EDUCATION RECORD

Continuing Education Period: May 1, 2003 through April 30, 2005

Biennial Renewal Period: August 1, 2003 through July 31, 2005

NAME: _____ E-MAIL ADDRESS: _____ DAY PHONE: _____

MAILING ADDRESS: _____ EVENING PHONE: _____

Check area(s) of licensure and provide license number(s):

☐ Speech/Language Pathologist no. O1- _____ ☐ Audiologist no. O2- _____ ☐ Hearing Aid Dispenser no. O3- _____

**Answers to your continuing education questions can be found in Rule 8.0 of the Rules and Regulations governing this Board.
This and other information pertaining to your profession is available on our website at dpr.delaware.gov.**

Continuing Education Responsibilities:

Pursuant to Rule 8.4.1 of the Rules and Regulations governing this Board, all licensees shall:

- Complete the required continuing education by April 30, 2005.
- Document completed continuing education activities on the Continuing Education Record form and retain in your records for three years following renewal.
- If audited, provide, to the Board, documentation of having attended approved continuing education activities as outlined under Rule 8.2.3. If an activity was completed but is not approved by the Board, the licensee shall replace the CE with an approved activity before July 31, 2005.
- Mail Continuing Education Record to the Division of Professional Regulation by May 1, 2005.

Required Number of Continuing Education Contact Hours:

Pursuant to Rule 8.2.3 of the Rules and Regulations governing this Board:

If, on July 31, 2005, a new licensee will have been **licensed for less than 1 year, no continuing education is required;**

If, however, a new licensee will have been **licensed for more than 1 year but less than 2 years, 10 CE's or one-half of the hours stated below are required;**

Single License: Individuals retaining a license in one area of specialty must obtain a minimum total of 20 CE's for each two-year license period.

Dual License: Individuals retaining licenses in two areas of specialty must obtain a minimum total of 20 CE's for each two year license period, with 10 CE's obtained in each area of licensure. One course may be split between areas of licensure to fulfill multiple continuing education requirements. Content must be shown to be relevant to those areas.

Triple License: Individuals retaining licenses in three areas of specialty must obtain a minimum of 30 CE's for each two-year license period, with 10 CE's obtained in each area of licensure. One course may be split between areas of licensing to fulfill multiple continuing education requirements. Content must be shown to be relevant to those areas.

Based upon these regulations, I am required to submit _____ hours of continuing education for the renewal period of 8/1/03 – 7/31/05.

Date of Course	Name of Course, Program, Conference, etc.	Sponsor (ASHA, NIHIS, etc.)	Approval Date*	Check All Area(s) of Relevance**			Check Focus***		Number of CE's
				SLP	AUD	HAD	CS	PG	

Total CEs Completed: _____

* The date that advance approval was granted pursuant to Rule 8.2.6 of the Rules and Regulations of this Board.

** CE's, although relevant to more than one area, may be counted only once.

*** Clinical Skills or Professional Growth as described in Rule 8.2.4 of the Rules and Regulations of this Board.

ONE CONTACT HOUR (CE) = 60 MINUTES, therefore 1.0 ASHA CEU = 10 CE's

If you need more room, attach a separate sheet. **Please do not attach certificates in lieu of completing this form.**

By my signature below, I do hereby attest that the above is a true and accurate record of continuing education completed by me during the period noted.

SIGNATURE: _____ DATE: _____

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED.

DO NOT FAX COMPLETED FORM.

MAIL COMPLETED FORM TO: Delaware Board of SLP, AUD, & HAD, 861 Silver Lake Boulevard, Cannon Building, Suite 203, Dover, DE 19904